DOCUMENT RESUME

ED 052 857 RC 005 396

AUTHOR	Atcheson, J. D.; And Others
TITLE	Report of Mental Health Survey Team.
PUB DATE	3 May 69
NOTE	58p.
EDRS PRICE	EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS	*American Indians, Economic Factors, *Environmental Influences, *Eskimos, Facilities, *Mental Health, Personality, *Psychological Services, Social Factors
IDENTIFIERS	*Canada

ABSTRACT

Three psychiatrists and a consulting psychologist investigated mental health problems in the Yukon and Northwest Territories. Specific purposes of the investigation were (1) to comment on the adequacy of existing mental health services and facilities, (2) to make recommendations for improvement of consulting services and facilities, (3) to consult with territorial legal advisers concerning legislation which would be required to expedite a legally adequate mental health service to both territories, and (4) to consider those factors in the Canadian North that prevent the achievement of maximum mental health and to discuss the means by which such factors could be eliminated. Factors affecting mental health are described in the report under social factors, economic factors, personality characteristics, and geography and climate. An attempt is made to identify factors affecting the non-native and the native Indian and Eskimo populations. Recommendations are given in the areas of administrative organization, facilities, children's services, primary prevention, and research. Appended are lists of meetings, briefs, and reports. (JH)

ED052857

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

RECEIVED
APR 20 1971
NMSU
E.R.I.C.

REPORT

OF

MENTAL HEALTH SURVEY TEAM

APRIL 5 - MAY 3, 1969

DR. J. D. ATCHESON, M.D., D.Psych, C.R.C.P.(C), CHAIRMAN
DR. D. RODGERS, M.D., B.A., B.Sc. (Med.) Dip.Ed., C.R.C.P.(C)
DR. C. P. HELLON, M.B., Ch.B., D.P.M., F.R.C.P. (C)
MR. P. KEHOE, B.A., M.A.

RC005396

PREAMBLE

The survey team was directed to investigate the existing mental health problems of the Yukon and Northwest Territories and specifically to

1) comment on the adequacy of the existing mental health services and facilities,

2) make recommendations for the improvement of consulting services and facilities,

3) consult with Territorial Legal Advisers concerning legislation which would be required to expedite a legally adequate mental health service to both Territories, and,

4) consider those factors in the Canadian North that prevent the achievement of maximum mental health, and to discuss the means by which such factors could be eliminated.

In order to consider any of the above problems a simple baseline definition of mental health was essential. We have therefore defined mental health for the purposes of this report, with the full knowledge that an inclusive definition is an intellectual exercise not fully accomplished by anyone:

Mental health is the capacity of an individual to adapt to his environment so that he may satisfy his basic needs, can be productive, and creative and thus fulfil his individual potential in such a way that he feels relatively independent, happy and secure, within the boundaries of his physical capacities and the limits of the social structure in which he exists and with which he is in dynamic harmony.

METHODOLOGY

The professional team requested to carry out this survey was composed of three psychiatrists, each of whom had had consulting experience in the Canadian North. The fourth member of the team was a consulting psychologist, a member of the Department of Health & Welfare, Medical Services. This member of the team presently provides consulting psychological services in the Yukon Territory from the Whitehorse General Hospital. Each of these consultants had specialized experience in the North offering clinical assessment, individual and group treatment. Their prior clinical experience had provided them with an opportunity to assess some of the factors contributing to emotional instability in the Eastern, Central and Western Arctic.

It was agreed that their specific experience should be complemented by visiting as a team a number of representative northern communities (See Appendix I - Itinerary) and by participating in both closed and public meetings composed of persons representing both lay and professional interests, and with the several ethnic groups concerned.

It was also agreed that it would be of great value to meet with those individuals presently involved in the administration and delivery of mental health services in Alaska. (See Appendix II - List of Meetings)

Briefs were received from a number of professional and lay organizations as well as from individuals (See Appendix III - List of Briefs).

Consultation was also arranged with legal advisers who are presently drafting mental health legislation in the Northwest Territories. (See Appendix IV - Draft of Proposed Legislation). Utilizing the data accrued from these contacts and from the individual experience of the members of the team, an attempt is made in this report to identify the major problems relating to mental health in northern communities and to formulate remedial measures.

The problems identified were not isolated phenomena but were closely interrelated. For example, the excessive use and abuse of alcohol which was described as a major concern by almost all who were interviewed, was related to a number of social stresses, none of which were completely independent of each other.

Several major concerns were identified. These areas of concern were assigned varying degrees of priority in different communities, but there was a consistency in the data insofar as all these problems were identified in all of the communities. The following problems were identified and whatever pattern of service is to be achieved will have to take these factors into account.

FACTORS AFFECTING MENTAL HEALTH

The problem of breakdown in living appears to most frequently relate to a number of major physical and social factors. An attempt is made to identify the factors that affect the non-native population and the native Indian and Eskimo population. There are factors that are

obviously common to both groups and it must also be recognized that there are marked differences in the more remote communities with a predominently Eskimo or Indian population and more southerly and developed communities with a majority of English speaking White inhabitants.

When the term Native Canadian is used we are identifying the Eskimo, Indian and Metis population. For the purposes of this paper non-native indicates the remaining population including a number of non-native residents who have been born in the North or have been residents there for many years.

NON-NATIVE POPULATION

Factors affecting mental health will be described under the headings:

A. SOCIAL

B. ECONOMIC

C. PERSONALITY CHARACTERISTICS

D. GEOGRAPHY

A. SOCIAL FACTORS

Dislocation from one's accustomed social environment creates stress to which the individual must adapt in order to feel comfortable. It is recognized from the definition of mental health that has been offered, that one would have to consider the person's physical state, the social structure imposed upon him and his dynamic relationship with these conditions in order to assess either his capacity for psychological

adjustment or maladjustment.

The individual family in moving to the North must learn to cope with stresses it may or may not encounter in the South. In most instances there will be a confrontation in one degree or another with the native culture. The parent will find a marked difference in patterns of social behaviour which may lead to conflicts in their own family situation and conflicts for their children. Existence of a native section which has substandard living conditions will tend to decrease the "Wholesomeness" of the general community in the small northern settlements. It is extremely difficult under these circumstances to prevent discrimination and consequent hostility between the groups.

In many instances there is a dichotomy between those who have been in the North for some years and who see themselves permanent residents and those relative newcomers who frequently indicate that they do intend to remain in the North for only a short period. This latter group finds difficulty in achieving acceptance by the established residents; communication difficulties and consequent compartmentalization arise and further fragment the community. This factor often affects the wives more severely than their husbands who are able to get out of the home, meet with people and often travel extensively.

Newcomers are often critical of the educational standards which may differ greatly from those which they enjoyed in the South. In some instances this has also a serious effect on the children, particularly where their school program is dislocated and they are having difficulty

adjusting to the program offered in the North.

There is also the necessity of adjusting to a community which is not structured to offer all the cultural, recreational and educational amenities which may be obtained in the majority of southern communities.

Often the indications that these stresses are having an adverse effect are revealed in defensive manouvers such as over-involvement in social activities, a tendency to optimistic distortion of future plans, for their own community, which are not always in accord with the facts; the use of generalizations about the behaviour of native population, about government policy, about the attitudes of those in the South to those in the North, and also the very frequently seen excessive use of alcohol.

B. ECONOMIC FACTORS

1. Instability of the Economy

The economy of the North rests chiefly on its mineral wealth - mining and exploration - with fishing, trapping, hunting, crafts, tourism and retail enterprises coming a poor second. The supporting government services of health, welfare, education, etc. make up a third major industry which may or may not be tied in with the natural economy of the area.

As a result of its dependence on mining, the economy of most northern communities is unpredictable. Towns are created and destroyed overnight by the vagaries of the economy as well as by governmental decisions in provision of health, education and administrative centres.

Except in very large settlements which are well established as mining, transportation, education or administrative centres, long-term social planning is, at best, very difficult.

2. Transiency

The nature of the North and the types of employment available attracts many people who are anticipating short term residence, e.g. miners, labourers, construction workers and people from all walks of life who are seeking adventure. Government personnel rotation practices, unsatisfactory housing, high cost of living and the unpredictable economy militate against permanency and create a situation in which many who may have come to the North with intentions of long term residency find themselves being forced back into the South. Among the transients, then, are many people who have very little interest in the social development of their community as well as those who do, but who quickly withdraw because of dissatisfaction. There are, undoubtedly, psychiatric casualties among both groups and neither contribute effectively to their community.

3. Seasonal Nature of Employment

Besides contributing to the problem of transiency, the seasonal nature of much of the employment in the North results in a periodic influx of unemployed, many of them young people, who pose a problem for health, welfare and employment agencies, and often for the legal authorities. Many of these are disillusioned youth who eventually become involved with the police or welfare, particularly if they fail to find work. A large

number come North with pre-existing mental health or alcohol problems which are then aggravated by the new and difficult involvement.

4. Type of Employment Available

A special problem exists because of the preponderance of unattached male workers in the North. The single, and often the married, worker in the North, particularly in the mining and construction fields, has a notorious pattern of compensation for the lack of amenities, manifest as binge drinking, gambling and the consortation with native girls in particular, which has led to serious problems of promiscuity and venereal disease. This group is most often indifferent to the community and to the effects of their behaviour on the native and non-native social structure.

Problems exist within the mining communities themselves and these problems are related to economic considerations involving the labour market. Large numbers of non-English speaking immigrant workers are found in most mining camps and from this group come a number of psychiatric casualties in which the social isolation and the separation from home, family and a familiar culture, seems to play an important part. This group is a major source of manpower to the mining industry and the problems peculiar to them are well recognized by most mining administrators, some of whom take effective preventive measures.

The nature of the work in the North, coupled with the unusual social and geographical problems, creates special problems for the families

of those workers who have made their residence in the North. Many jobs require the husband to be away from his family for extended periods, leaving a wife and often a large family to care for themselves. Where housing is inadequate, finances restricted and the extreme weather conditions prevent freedom of movement and social contact, conditions are ripe for psychiatric problems.

5. Neglect of Social Factors in Town Planning

Economy, convenience and other sound considerations have, in some communities, operated against the creation of a socially integrated community. Many of the larger communities especially are divided along artificial lines creating "ghettos" - ghettos of subsidized government employees, ghettos of natives, ghettos of the privately employed, ghettos of mining people, and even ghettos dividing government departments one from the other. There are frequently bitter feelings expressed by one group towards the other. There is reason to suspect that these phenomena are responsible for some mental health problems and there is no doubt that they are an impediment to the achievement of coordinated and socially integrated communities.

C. PERSONALITY FACTORS

A cross section of non-native people would be composed of a wide variety of personality types with many motives for having settled or moved temporarily to the North. There is no valid statistical evidence to indicate that any specific personality type is attracted to the North

nor that such personality types as are attracted are vulnerable to mental breakdown. However, in discussion, non-native people frequently raise this question, and they are often very critical of each other's stability and capacity to deal with stress. It is difficult to determine whether this generalization is a defense measure or not and it is clearly indicated that more careful study of personality types in the northern communities should be conducted.

There are obviously those who have sought out the northern community as an escape from the "tensions" of the southern communities. The term "southern rat race" was used, in this regard, by a number of non-native inhabitants.

There is little evidence that the complexities of the northern community permit the escape that was desired. Many have observed that the individual settling in a northern community, far from escaping from difficult contacts with others is forced into liaisons, some of which may be undesirable and some difficulty in adjusting to these relationships is evident.

In some cases non-native parents had chosen to come to the North with the view that this would be a more satisfactory environment for a mentally retarded child. The same observation would apply to some families with children showing behaviour disorders. Such parents construe the northern community as an easy place for a mentally retarded, slow learning, acting out, or behaviourally disordered child. This view is completely erroneous.

D. GEOGRAPHY AND CLIMATE

Members of the non-native population frequently identified remarkable geographical differences of the North as being a major difficulty to which they had to adapt. Such factors as isolation, "long nights", communication difficulties, unpredictable schedules - especially in the area of transportation, all contribute to a difficulty in sustaining health. Transportation difficulties both in terms of the unpredictable schedules provided by the existing carriers and the excessive expense involved in travel, increase the isolation phenomena and make it extremely difficult for non-native personnel to maintain their social relationships with relatives and colleagues in the South.

In some of the more developed communities where systems of roads are being created there is not only the likelihood of improving the economy through these roads but also of contributing to the security feelings of the non-native population.

Isolation difficulties in communication and expensive and unpredictable travel are exceptionally difficult for professional personnel whose efficiency depends on a constant relationship with their changing discipline. This obviously contributes to the difficulty of obtaining professional personnel for permanent residence in northern communities.

Extreme climatic conditions make the creation of recreation facilities, to which the non-native resident may be accustomed, frequently unavailable and very often useless.

The geography has been noted by many of the non-native people to be much more acceptable to the male population. The interest in hunting, fishing, and the out-door life is not frequently shared by the female members of the family unit and these geographical characteristics may well contribute to the areas of discontent that were so commonly described by housewives.

There is an increasing amount of scientific data concerning the phenomena of sensory deprivation. The long nights of winter, difficulties in communication and poor entertainments tend to contribute to a mild degree of sensory deprivation. This has been reflected by non-native residents especially from areas such as Grise Fiord. G. S. Willis has noted that "Whereas in the South he may have had 2,450 ways of stimulating his visual apparatus, he is now limited to 53. Whereas in the South there was a constant backdrop of noise, in the foreground of perhaps 100 different noises that he could identify, he now listens to 15 or 20 identifiable sounds against a backdrop of silence or a howling wind." * It is obvious that these observations concerning the isolation phenomena vary a great deal from community to community and are more prone to occur in the very far northern settlements and in the smaller settlements with fewer non-native population.

* Mental Health in the North - G. S. Willis, M.D., D.P.H. Medical Services Journal, Canada, September 1960.

NATIVE POPULATION

A. SOCIAL FACTORS

There is a substantial and increasing body of knowledge, describing the processes of cultural erosion which have been taking place vis a vis the traditional values and community structure of our native people. These have emphasized a number of focal disintegrative factors.

The process of education and the impact of the mass media have caused an insidious invalidation of traditional belief. The major culture of North America has failed in any valid way to influence the young native people with the more positive premises of its own structure. Consequently they are left without firm belief or significant identification. In addition, the non-native culture has actively, but often with good intentions, worked towards the destruction of traditional values. There have been active measures for the supression of native religious beliefs and associated rites, for example, churches have been known to suppress drum dancing; the educational system in many instances has imposed the English language without associated encouragement of the retention of the native language. The wholesome communal social structure of the native population has often gone unrecognized and the imposition of the individualistic free enterprise social structure aggressively promulgated.

Imposed on the value systems of the native culture are the value systems of the White culture as identified by law, taboos and custom

with constant punishment if these value systems are transgressed. The non-native population operate on the assumption that their value system is the most appropriate and adequate one, and fail frequently to recognize that the identification with value systems of the native culture had in the past served to achieve mental health for the native Canadian.

One serious consequence of cultural erosion has been a loss of traditional control, by the community, of the behavior of its members. This has created a serious loss of identity and insecurity which laid the ground work for many of the pervasive feelings of inadequacy and inferiority which exist today amongst many native Canadians. This state of affairs has not been remedied by the assimilation of the native into the eroding non-native culture. The term "assimilation" as used here does not imply the total denial of the native cultural heritage. There are many examples of various ethnic groups which have become "assimilated" into the Canadian culture yet still have retained their national characteristics.

The reasons for the inadequate assimilation of the native into the non-native culture are manifold. The residua of the native culture itself are of importance. These cultural residua may often appear to the non-native population as resistance and stupidity as exampled by the refusal of native groups to leave inadequately serviced townsites which nevertheless to them have covert cultural significance. Access and understanding of cultural residua frequently requires patience and an intensive effort at communication with the native population.

There is considerable evidence that in the primitive native state conceptual processes tend to be concrete in nature. These conceptual processes are related to the survival economy and they render the native unable to adequately understand the abstractions of the non-native culture and economy.

Discrimination by the non-native culture appears in overt ways but there is also a strong suspicion of many subtle covert processes of discrimination. A serious manifestation noted is the apparent indifference of many non-natives to the native plight. It is recognized that this may be a defensive manouvre on the part of the non-native and one which is designed to remove or exclude from his consciousness and conscience the constant irritation the native creates.

The lack of adequate training and economic opportunity further exclude the native from participating in the dominant culture.

Inadequate housing conditions lead to a sense of shame and further aggravate the segregation of the cultures. It is not uncommon for a native child to express shame with regard to his own living conditions. There is an obvious and distressing discrepancy between the standards of housing for native and non-native populations. The size and location of non-native houses are invariably superior to those of the natives.

There is an increasing and disruptive generation gap throughout North American society at the present time. The disruptive influences of this are markedly felt in the families of the native people. They now

have more young members (numerically) than ever before. These children are poorly prepared through education to become independent of the family unit. There is a significant number of adolescent and young adults who are both unemployed and unoccupied. The consequence has been an increasing lack of respect for elders of the community as well as the authority of their own family. This wayward group is imposing severe problems which can do nothing but increase under the present circumstances. Many elderly Band Council members expressed deep concern for what is happening to their children and their own inability to communicate with them.

Those young people who progress further than usual into the non-native culture run a serious risk of being disowned by their own people, yet they are not accepted, in any large measure, by the dominant culture.

Social dislocation derives from the fact that most communities do not have gainful employment in their immediate area sufficient for the majority of the native people. The young person who wishes to gain training or stable work frequently has to travel long distances away from his family to do this.

Treatment for relatively chronic illnesses such as Tuberculosis often necessitates the evacuation of the patient from his own community. This has been particularly harmful in the case of young children who have been treated for long periods of time in the South for chronic illness. Instances are known in which the parents have considered these children

dead and have refused to take them back into the family when treatment was completed. The children are frequently returned speaking only English and not understanding their native tongue.

B. ECONOMIC FACTORS

The movement of the native people into settlements has rendered the local area unable to support them by any predictable economy. An excellent example of this well-meaning intervention in the balance of nature is seen in Frobisher Bay. This large settlement arose primarily out of the fact that the former Strategic Air Command located its base in this locality. When these facilities were turned over to the Canadian Government, a hospital was built and plans were made to create an ideal Arctic community with an apparent failure to recognize that the only economy that was available was the non-native person providing care for the native. The present rate of anti-social behaviour in this community as expressed by delinquency, promiscuity, violence and family breakdown is a consequence of such inadequate planning.

In settlements that were described as having excellent fur-trapping potential it was still recognized that the total population could not be sustained on this particular industry. In some communities hunting was still the primary source of food supply but even where this was an accurate observation the youth and adolescents who had received vocational training, ill-suited to the economy of their particular settlement, were demonstrating many signs of acting out behaviour problems and

and poor mental health.

Though economic discrimination is almost universally denied by the White population, there are a number of anecdotal observations that derive from our visit and from the reports of previous consultants.

An example is quoted by one consultant who observed the following example of economic differential. In one community it was noted that Eskimo personnel gainfully employed in maintenance were laid off work at the same time that members of the White personnel continued to work overtime hours. The Eskimo is sensitive and was aware of this inequity and there was little doubt that he had hostile feelings as a result of this discriminating employment practice.

Training for skilled occupations is hampered by the educational difficulties encountered by the native child. In many settlements he approaches school without a knowledge of English and because of the difficulties encountered in the teaching methods, he tends to become academically retarded and does not accomplish at the level of his potential.

Many times when the adolescent is trained in a trade, it is not to an apprentice level and he is quite unable to compete with the more highly skilled and, on this basis more desirable, non-native.

C. PERSONALITY FACTORS

Some consultants have identified the occurrence of unusual hysterical conversion manifestations in some native people. These observations have come from consultants examining native populations in the

less sophisticated areas. It is noted that these findings have not been corroborated by consultants in the western regions. Many observers have noted that native people are less able to postpone gratification. This may be related to the "feast or famine" aspect of their traditional living in a hunting economy.

The propensity to violence when disinhibited by alcohol or other toxins has been frequently described. Social restrictions placed upon behaviour are cultural determinants of personality development. Since the behavioural limits of the non-White culture and the native culture are at variance it may be expected and anticipated that this will lead to a developmental "lack of control". Due to this conflict, where permissiveness and more authoritarian modes clash, the native person tends to accept his parenting experience as wrong.

D. GEOGRAPHY

The native person is basically well adapted to the geographic and climatic conditions of the North. It must be recognized that when native people are dislocated and sent to southern communities, usually for treatment or training, that they do demonstrate a considerable difficulty in adapting to the geographic differences of climate and the added sensory stimulation that is constantly involved in their new environment.

Various groups of native people have in the past accommodated themselves to the geography and the consequent wildlife or food supply available in a particular district. There have been occasions described

when native groups have been dislocated from such familiar locations with consequent depression and maladjustment being manifest.

INCIDENCE AND PREVALENCE OF MENTAL ILLNESS IN THE NORTH

At the present time no reliable figures exist which would allow us to estimate the incidence or prevalence of the various mental illnesses in the North. Experience however indicates that alcoholism, organic brain-syndromes and personality disorder are more prevalent amongst the population of the North. Other psychiatric entities do not appear to occur any more frequently than in southern populations.

In dealing with the non-native population it is our opinion that the illnesses suffered are the same as those encountered in the South, that is to say northern conditions do not produce specific syndromes peculiar to the North. However, the syndrome of depression occurring particularly in housewives during the long winter, although not differing in quality from the depressions witnessed in the South, does appear to occur with an increased frequency. It is almost universally identified with the term "cabin fever".

With regard to the native population the identification of mental illness is particularly difficult. There is virtually no data available on the natives' reaction to stress within his own culture but it is obvious that the majority of native communities do not enjoy mental health as defined at the beginning of this report.

RECOMMENDATIONS

The recommendations which are the result of this survey will be made under the following headings:

(a) Administrative organization

(b) Establishment

(c) Facilities

(d) Children's Services

(e) Primary prevention

(f) Research

A. ADMINISTRATIVE ORGANIZATION

It would be our opinion that any recommendations made concerning the delivery of psychiatric services to the North should commence with an examination of the administrative structure. We viewed with considerable alarm the type of organization that was described in the State of Alaska. In this State, where a great many facilities have been established for the treatment of the mentally ill, and where a considerable establishment of professional personnel has been obtained, it was our opinion that a great deal of disorganization exists in the actual delivery of service. In one particular example we could identify six government agencies that were involved in providing somewhat similar services to the same case. In order to prevent this lack of co-ordination it would be our recommendation that considerable attention be directed towards the administrative organization. In making our recommendations we are presuming that the

Federal Department of Health & Welfare, Division of Northern Health Services, will continue to be the department of Government responsible for the health services in the Yukon Territory and the Northwest Territories for the foreseeable future. We recognize that as the Territories develop, health services may become a department of Territorial Government and that their organization would have to, of necessity, be modified.

RECOMMENDATION NO. 1:

In order to effectively create adequate psychiatric services for the Northwest Territories and Yukon Territory it would, in our opinion, be an absolute necessity to obtain the services of a fully qualified Psychiatrist to accept a staff position advising the Director of Northern Health Services and assuming the responsibility for the creation of an adequate programme. We would underline the necessity of having such a professional person exceptionally qualified as it is through his leadership and qualities that other psychiatric staff will be attracted.

It would be our opinion that such a DIRECTOR OF MENTAL HEALTH SERVICES would be responsible for the co-ordination of all psychiatric services in both the Yukon and the Northwest Territories. He would also be responsible for advising not only the Director of Northern Health Services but also the Heads of various Departments in the Territories concerning the best means of co-ordinating and delivering services from existing facilities.

Another important responsibility of this position would be the

recruitment of the necessary full time and consulting staff. This would necessitate a close liaison with Universities and as we discuss the need for consultation services many aspects of this relationship with University services will be further considered. This again underlines the advantage of an exceptionally qualified person being the encumbent of this position.

It would also be the responsibility of this Director to assess all treatment programmes and to be concerned and involved in the creation of primary prevention services.

RECOMMENDATION NO. 2:

We would recommend the formation of an INTER-DEPARTMENTAL COMMITTEE. This Inter-departmental Committee would be chaired by the Director of Mental Health Services. The Committee would be composed of senior deputies identified by the Heads of the following Departments: Social Development, Education, Administrative Government, Manpower, Indian Affairs and Northern Development, Justice.

From the Department of Social Development we would recommend that a senior person be deputized to represent Welfare and also a senior person be identified to represent Corrections. The Justice representative would be necessary in terms of effecting useful relationships between the Police and psychiatric services related to offering forensic opinions.

Representation from the Commissioner's Office should be also assigned to this Committee in order to effect useful liaison with the

Territorial administration.

In order to assure useful communications between all Department Heads it would be our recommendation that such a Committee should meet on a predictable, scheduled, basis and not just when problems have arisen. Heads of each Department should be in a position to forward questions to this Committee for their consideration and should anticipate a reply at the following meeting.

It would be our recommendation that minutes of all meetings held by the Inter-departmental Committee be forwarded to the Head of each Department and to the Commissioners of the Northwest Territories and the Yukon. It would be our recommendation that the Department of Indian Affairs & Northern Development also be represented on this Committee by a senior person deputized by the Head of this Department.

A Committee composed of such senior Civil Servants would obviously only operate effectively as long as it could anticipate some of its recommendations being turned into executive action. It would therefore be assumed that the communication flow would be in both directions and if a recommendation made by this Committee cannot be carried out for practical reasons, that the Committee chairmanship would be informed as soon as possible so that he may indicate to the membership why their advice is not being translated into executive action. To summarize the intention of this recommendation the following are the functions that we would see being served by such Committee:

1. Advisory
2. Communication
3. Expedition of previous decisions
4. Prevention of re-duplication of service
5. Coordination of services in order to effectively use existing facilities.

This Committee through its membership would advise the Heads of each Department concerning the services that need to be established and the ways and means of facilitating the existing resources.

It would be the responsibility of this Committee to ensure that the inter-departmental and inter-disciplinary communications were flowing freely. Through the various line positions answering to those on this Committee the information should be transmitted both to the executive Heads and also to the grass roots in the communities.

It would be our opinion that local committees in settlements might well follow the pattern of this interdepartmental committee and at their local level consider the material that is being discussed.

This Committee should also constantly examine previous decisions that have been made and enquire as to whether such decisions have been expedited and are operating efficiently.

Prime responsibility of this Committee would be to prevent reduplication of services and to provide constant communication between departments. These factors were consistently noted during our survey

to be destructive where faulty. Effective interdepartmental communication was conspicuous by its absence.

The Committee should also see as its responsibility the continued review of existing facilities and the constant attempt to improve the co-ordination of these services.

B. ESTABLISHMENT

It is obvious that any recommendation for the provision of services in the North must take into account the difficulty of attracting adequately trained professional personnel in the behavioural sciences. Many well established southern communities attempting to increase their services in community mental health face precisely the same difficulty. In the southern community, however, proximity to universities and the potential for scholarship and continued study makes many of the southern settings much more attractive to professional personnel. It is therefore a logical conclusion that any recommendations concerning the establishment for psychiatrists, psychologists, social workers and other professionals must take these facts into account and provide terms of reference for employment that are exceptionally attractive.

Whilst we are fully aware of the difficulty of procuring the services of appropriate professional personnel it is the committee's intention to identify and recommend an adequate establishment and in our opinion every attempt should be made to build this establishment by setting up appropriate terms of reference. We are quite convinced from discussions with many of our colleagues that if some of the recommendations concerning salaries, sabbatical leave, etc can be established that there is a possibility of attracting full time personnel. Taking into account these observations the following recommendations are put forward:

(a) Psychiatric Establishment

This committee recommends employment of two full-time psychiatrists, one assigned to Whitehorse, Yukon Territory, and one assigned to Yellowknife in the Northwest Territories. It would be the responsibility of these full-time consultants to be available as a resource in the community to provide active treatment, and further to act as consultants and advisers for practitioners concerning the management of many of their psychiatric patients. It would be our opinion that the support that they could offer to the medical staff in general hospitals would permit subsequent recommendations which concern the utilization of the general hospitals for the provision of psychiatric services feasible.

Full-time consultants in these two centres would also be seen as co-ordinating existing facilities, being available to correctional institutions, schools, welfare authorities and giving assistance to volunteer agencies as they become established.

It does not appear feasible at the present time to provide such a full-time consultant for the Eastern Arctic. We would comment, however, that if the plans that have been described for Frobisher Bay are carried out a full time psychiatric consultant could be utilized in this centre as we would anticipate that a great many problems of mental health will be created as the population of Frobisher Bay is increased through the hostel and other plans.

- In recommending two full time Psychiatrists for the Territories, we are not following the usual recommendations which would indicate one Psychiatrist for 10,000 people. These figures do not appear relevant for the Territories because of the scattered population.

- We would reinforce the opinion that psychiatric consultants on a full-time basis will not be obtained unless consideration is given in depth to the terms of reference of their appointment. It would be our suggestion that such consultants could be either (1) full time civil servants or (2) in private practice, and (3) on a sessional basis for service to facilities. Either one of these patterns of practice have been quite successful in other centres.

- It would be our recommendation that the salary offered to such a consultant be based on the standards for employment that have been established for psychiatric consultants in large southern communities.

- A number of professional people will indicate that salary is not the entire consideration in accepting such a position but that many of the other intellectual and professional amenities must be considered. In our opinion it would be necessary to offer such a consultant sabbatical leave of six months every five years.

- It would be necessary also to provide study leave - we would suggest that this be one month per year. It is to be noted that there are precedents for such terms of employment at many universities.

We would also recommend that an adequate library be provided

for each full time consultant. If such a consultant wishes to be involved in research this also should be sponsored and financed. We also recommend that he be guaranteed attendance at at least one major professional meeting per year with full expenses.

Although these "fringe benefits" may be excessive compared with other civil service appointments, we are quite convinced that unless terms, that somewhat resemble those recommended, can be obtained there is no possibility of obtaining the service of full time consultants.

- It should be emphasized that the Psychiatrist filling these positions is fully trained as it will be necessary for such a person to carry on supervision of university residents if some of the subsequent recommendations can be carried out.

- We would hope that consultants assigned to the two positions in the Yukon and the Northwest Territories would be found acceptable for University appointments.

(b) Visiting Consultants

It would be our recommendation that the programme that has been instituted in which consultants recruited from University of Alberta, University of Toronto and University of Manitoba visit the Western, Eastern and Central Arctic, should be continued and enlarged.

We would recommend that negotiations be conducted with the University of Alberta, University of Manitoba, University of Saskatchewan, University of Toronto, McGill University, Dalhousie University, University

of Newfoundland and the University of British Columbia to enlist their interest in such a programme and to identify the possibility of having residents visit the northern communities in order to obtain experience and to create a continuing interest in the provision of psychiatric services for the North.

The validity of this latter recommendation rests upon the possibility of obtaining psychiatric consultants on a full time basis in such areas as Yellowknife and Whitehorse. The condition under which residents would be assigned to such posts would be that they receive adequate supervision. This is the reason that the use of residents has not been accepted enthusiastically in the past. There is much precedent for the use of residents in the northern communities. For example, pediatric residents are assigned to the Frobisher General Hospital for periods of one month. It is also noted that residents have travelled with the consultants in the Keewatin Area from the University of Manitoba, and in the Western Arctic from the University of Alberta.

- We would recommend that the expense of a resident to accompany consultants from the University centres would be justified, as through this type of contact an interest in providing psychiatric services for the North could be created and a potential resource for recruitment identified.

- It is our opinion that the continuation of the consultant program would permit an extremely healthy intellectual interchange

between the universities and the full time consultants in the northern communities.

- We would recommend that arrangements be made for an annual meeting with the consultants from the Eastern, Central and Western areas in which for several days they might share their experience and points of view, and make recommendations concerning the improvement of services.

(c) Psychological Services

In the same way that it has been felt necessary to create a formal establishment for the psychiatric personnel and services, it is felt that a similar establishment for psychological services applies.

(i) Educational Psychologists are an integral part of most educational services throughout North America. Such individuals aid the school systems in identifying and assessing problems of learning, of emotional disturbance, of organic disease, etc. They also supervise the administration of group assessment procedures to aid in the streaming of students to various educational programs. Throughout our survey, the need for such individuals was presented to us by almost every representative of an educational system that we met.

It is felt that at the present time an educational psychologist could be utilized to the full in such centres as Whitehorse, Yellowknife, Fort Smith, Inuvik, Frobisher Bay and for the Keewatin Area. It cannot be over-emphasized that services such as provided by a school and educational psychologist, reading specialist, speech and hearing specialist and other resource educational personnel, as well as the provision of

special classroom facilities, are considered a standard part of an educational system in the South and should be considered in the same light in the North and not as extras or luxuries.

(ii) Clinical Psychologists - There is need for clinical psychologists whose line of responsibility would be through the Director of Mental Health Services. This person would work as a member of the mental health team, accepting assessment and treatment responsibilities and acting as a resource person for various community needs. At the present time such persons would be needed at Whitehorse in the Yukon Territory and Yellowknife in the Northwest Territories. Terms of reference for these specialists should be as above with an adequate salary to attract personnel, but in addition, conditions such as sabbatical leave, study leave, books, opportunities for research and the application of treatment, and attendance annually at professional meetings. The terms of employment might also be one either of full time civil service status, professional fee basis, contract, etc.

(iii) Operational Research - It would appear there is a need for an individual whose responsibility is to examine the effectiveness of existing programs. There is a great deal of value in researching the results, not only of treatment, but also of the plans to improve the general resources in the community. This type of research would be the counterpart of research elsewhere described as industrial research. Psychol-

ogists are attached to industry to examine the operation, problems of morale, personnel selection, etc. In our opinion this type of psychological assistance is needed by the executive branch of the Territorial Government.

(d) Social Work

Our committee felt unable to identify accurately the complement that would be needed in the field of social work to carry out adequately the responsibilities that would usually be assumed in a well organized school system, welfare department or department of health. It would be our opinion that this area of resource should be reviewed. In each community in which we met them, resource people identified the need for more social workers especially in the welfare area.

It was our opinion that frequently, because of shortages of staff, social workers were performing tasks, in the Welfare Department, that might well have been done by less skilled and trained people. When social workers are in such short supply it is reasonable that they be deployed in such a way that the skills of the profession may serve the most useful purpose. There is every indication that a substantial number of social workers will be needed in all of these areas but it was felt that our committee, which did not have a representative of social workers, could not accurately make these recommendations. We would suggest that a further study be performed, headed by a Director of Social Work with considerable professional reputation, to examine the question

of establishment and deployment of social work facilities in the northern communities.

(e) Indigenous Workers

There has been a beginning to the use of indigenous persons as resource people in the Northwest Territories. There have been some initial difficulties which seem to have been overcome. The selection of native people as Community Health Workers, and as Ward Aides, is a very important one and should be expanded to other areas of community resource and responsibility. We have noted programs starting in Alaska for the training of a Human Service Aide, being an individual who speaks both the English language and the language of the predominant native group and who serves as a resource to determine community problems and direct people with difficulties to the proper agency, giving them information and aid on the spot where necessary. There is also an analogous individual to our Community Health Worker and this is proving to be an extremely valuable person there. The school system in the Northwest Territories has also been having success with its Teacher Aide Program and this should be encouraged and extended. It is noted that Greenland is at present starting a course for training of "Case-Aides" to assist social welfare workers.

This concept of training non-professional persons to work as assistants and resource people is a growing movement in the rest of the

world. It is a fact that there will never be sufficient professional people in the mental health field to supply all the needs of the community and more and more, lay persons are being trained as assistants or special resource people. The use of the indigenous worker follows this pattern and there is perhaps a greater need for him in the North with consideration of language barriers, cultural barriers, etc.

C . FACILITIES

In offering recommendations for the creation of mental health facilities, the general principle of treating a mentally ill person as close to his own community as possible is maintained. It has been accepted for a considerable period of time that a major principle of treatment of the mentally ill is to maintain close contact with the environment to which they will be rehabilitated. This purpose cannot be achieved if large mental hospitals are built far from the patient's environment or if people are transported long distances for treatment, and to an environment with unfamiliar personnel and very often barriers to communication because of language difficulties.

Accepting this general principle, it is our opinion that the first line of treatment is the consultant, in the community, working at an out-patient level. This would include the Public Health Nurse, the Welfare Worker, the indigenous worker and others who contact the human being at the point in the community where his problem is being created. It is for this reason that our recommendations concerning establishment must be considered as having priority over facilities.

It is fully recognized that expenditures made for training of personnel and human resources will, in the long run, be most beneficial to the community.

(a) Use of General Hospital

It has been successfully demonstrated in the southern communities

that the majority of psychiatric casualties can be successfully treated in the general hospital setting. In the majority of general hospitals in large southern communities, the psychiatric unit is seen as an important part of the total service. This obviously necessitates trained staff and we would again point out that our considerations concerning establishment of professional personnel takes priority because without adequate consultation the general hospital can successfully deal with only a few cases. We would recommend that as far as possible, general hospitals such as Whitehorse, Yellowknife, Inuvik and Frobisher Bay should have appropriate beds set aside for psychiatric care. Arrangements might also be made for similar facilities at the hospital in Churchill, Manitoba. If consultation and permanent psychiatric personnel can be achieved, there will be little difficulty in treating the majority of psychiatric disorders in these five centres. It would also necessitate equipping these units appropriately with equipment for physical treatment, and with appropriate pharmacological stocks. Training of personnel will be most important as psychiatric nurses and aides will be needed. It would be recommended that consideration be given to establishing a complement of psychiatric nurses immediately for each of these hospitals. A nucleus of staff with this type of training could participate in in-staff training and would be of great assistance in other areas of hospital practice.

We would recommend that until consultants can be employed, that arrangements be made for each of these general hospitals for immediate

telephone consultation. For the most part this would be directed to the resources at the University of Alberta in Edmonton. This type of telephone contact and resource should be identified for each area of the North as soon as consultation services have been arranged.

(b) Chronic Facilities

It is the opinion of our committee that the majority of the chronically mentally ill and grossly defective individuals, who are for the most part passive in behaviour, the multi-handicapped patients and also the majority of sclerotic geriatric patients could be cared for in the local community. The principle of "approved homes" which is used in some provinces might well be examined. This is basically a concept of paying well-motivated persons, very often man and wife, to provide continuous care for a small number of these patients, the facility being located in the local community. If adequate consultation services were available to resource and back up these homes for special care, it would be our opinion that they would care for the majority of chronic mental illness in the northern communities. It would be our opinion that a number of chronic patients who are presently hospitalized in facilities in the South, could be returned to their more familiar environment under these circumstances.

We noted that in the hospitals at Fort Rae, Dawson City and Fort Smith a number of multi-disabled children or geriatric patients were being successfully cared for. These cases did demand a considerable

amount of nursing care as they were virtually immobile. It well might be that with some modification of facilities such as those mentioned that the majority of geriatric problems and some of the multi-disability problems could be cared for.

(c) Contracted Care

In our opinion a number of psychiatric casualties will need to be transported to southern communities for care. It will also be necessary to transfer a number of cases to southern facilities for more adequate examination as necessary, for example, for forensic opinions. Equipment for adequate assessment will be difficult to reduplicate in the North and adequate technicians for its use will be hard to acquire. The chronic cases that would need the continuous care provided by a mental hospital, would be problems whose behaviour was so aggressive or unpredictable that even under ideal management the need of protective custody was indicated.

It would be our opinion that definite contracts should be arranged, preferably with the Alberta Mental Hospital, Oliver, as this facility has for some time cared for a number of patients from the North and is familiar with the problems. It is also likely that interpreters would be available and this should be a condition of admission. We would recommend that negotiations be opened; that this be on a definitely contracted basis so that a set number of beds be available and also that costs would be met or shared.

(d) It is unlikely that the same type of contractual arrangement with the Territories can be made in the case of long-term care of grossly disabled and very low-grade mental retardation problems. This is basically because there are not sufficient facilities to deal with the problems in the provinces at the present time. It well might be again that the most adequate approach to this problem would be to enter into negotiations between the Federal and Provincial governments on a cost-sharing basis to provide this care, again possibly at the Alberta Mental Hospitals.

(e) Insurance Coverage

This committee would recommend that negotiations be established with the existing insurance carriers to make sure that hospitalization and treatment is covered for all types of mental illness, including the detoxifying of certain alcoholic patients, the treatment of delirium tremens, on the same basis as all other medical illnesses.

(f) Alcoholic Foundation

As has been noted, every community identified that the problem of excessive use of alcohol presented a major concern. Our committee was not impressed that the present approach to this problem is adequate. A well established alcohol foundation is organized in the province of Alberta. It would be the recommendation of our committee that the Territories negotiate with the Province of Alberta to utilize the services of this foundation, on a cost sharing basis, and that the establishment of

branches in both of the Territories be seriously considered. This would necessitate further cost-sharing negotiations. It would make available an already existing resource with considerable experience in providing services for alcoholics, and again would prevent the reduplication of a total organizational scheme.

D. CHILDREN'S SERVICES

In the opinion of our committee, special problems are presented in dealing with children's services. This is primarily because of the developmental factors that are involved. Concern over parental deprivation, emotional deprivation, learning disabilities, delinquency, etc, involves cross-references to a great many departments and services.

It is recognized that many complex southern communities have as yet failed to provide well co-ordinated services for children and that this is usually considered as being primarily due to the lack of co-ordination between various areas of service such as health, education, welfare, corrections, juvenile courts.

It is the recommendation of our committee that, prior to building facilities for children or the identification of a further establishment of personnel in this area, every effort be made to effect a useful administrative organization that will permit the co-ordination of existing services.

The Department of Social Development in the Territories Government is in itself a unique attempt to co-ordinate Welfare, Corrections and Manpower under one Department of Government. It would be our recommendation that the Department of Social Development be seen as the co-ordinating Department of Government for Children's Services in the same way that the Department of Health of the Federal Government is seen

as the co-ordinating body in providing psychiatric services.

The counterpart of the Director of Psychiatric Services answering in line to the Director of Medical Services would be the appointment of a Director of Children's Services who would be directly responsible to the Director of the Department of Social Development. We would suggest that this position should be seen as a staff position advising, co-ordinating, recruiting and assessing in the same manner that the Director of Psychiatric Services performs this service in the health area.

It would also be recommended that under the Chairmanship of this Director of Children's Services a co-ordinating committee consisting of senior experienced staff assigned from the Department of Education and representatives from the Department of Social Development, including Welfare and Probation Divisions. We would also recommend that there be representation from the Attorney General's Department which could speak for the problems of the Juvenile Court, Remand Homes, Treatment Centres for Delinquents, etc. It would be assumed that the Psychiatric Consultant assigned to the Yellowknife area and the Whitehorse area might also be a member of this committee as it would be their responsibility to provide psychiatric consultation where necessary.

(b) Child Guidance Consultation

We would recommend that the present practice of Child Guidance Teams be continued in the Northwest Territories but that the co-ordination

of their service be seen as a responsibility of the Director of Children's Services. Prior to the visit of the consulting team the Director of Children's Services, through his committee, would identify the major areas in which consultation was needed. This recommendation stems from the observations that have been made by all consultants in the child guidance area, who have performed service in the North, that they frequently receive requests for consultation from a number of sources, the consultations being frequently poorly prepared and co-ordinated. Their services could be best utilized if co-ordination took place in a central office.

(c) Specific Needs for Retardation

It would be the opinion of our committee that the Department of Education should be given every possible support in providing special classes for the mentally retarded who are educable and trainable in the community. We were most impressed by the small schools for retarded children in Yellowknife and in Whitehorse. It would be our opinion that the co-operation of the Association for Mentally Retarded should be sought as they have been instrumental in creating and sponsoring so many of the services that have been successful in the southern communities. Stimulus for the creation of special facilities for the retarded have very frequently come from this helpful lay organization and often the success of their facilities has been such that provincial bodies have assumed the responsibility for their continuing budget.

It would be hoped, as has already been recommended, that adequate assistance be given to a school system by educational psychologists. It is also obvious that teachers trained in the educational techniques for retarded children would be very important. Their conditions for employment should be made as satisfactory as possible, and every attempt should be made to recruit these teachers.

E. PRIMARY PREVENTION

The committee considered briefly the following areas in which it may be possible to exercise preventive measures.

(a) Community Planning

It is our observation that there are in each community a large number of effective human resources at present available. Such an organization as a Community Planning Council could rotate and organize these resources in many effective areas such as social and recreational programs, adult education, volunteer groups, family counselling, etc.

At a governmental level adequate and rational town planning is essential and every effort must be made to avoid social dislocation, the effects of which we have mentioned above. A lack of such planning was evident to varying degrees in every community seen.

(b) Family Counselling

A universal need for family counselling was evident. One community (see Yukon Social Service Society brief) had effectively organized such a service primarily on community initiative.

(c) Economic Planning

The committee feel that this concern is basic to the future well being of the northern communities in general. Economic planning is essential and must take into account human factors. Much commercial ex-

ploitation has in the past ignored human values and the creation of a code of ethics for employers appears essential. In planning the economy, greater use should be made of native resources as they are the group most vitally effected by the vicissitudes of the economy. The Thebaca Association in Fort Smith is contributing effectively to the management of labour in its particular area.

The concept of habilitation schemes such as Work Arctic, seen at Hay River, is worthy of further investigation and experimentation.

(d) Prevention of Discrimination

Discrimination is universal in the North. It is a destructive force and a major block to the forward movement of the economy and the society. Remedial measures such as group meetings, adult education programs, etc, designed to achieve understanding between ethnic groups should be encouraged and explored. The ultimate aim would be a mutual understanding of value systems and cultural differences without the destruction of any culture.

(e) Selection of Personnel to Work in the North

Although previous authors have drawn attention to this factor great difficulties in carrying out selection procedures have been encountered. Nevertheless it is felt that adequate measures in this area will prevent a great number of psychiatric casualties and it is therefore essential that further consideration be given to this matter.

F. RESEARCH

(a) Data Collection

The establishment of a data collection centre is of prime importance. Such a centre would serve two purposes: firstly to monitor the total service described above, and, secondly, to form a repository of information collected from various sources.

(b) Information Dissemination

It should be the duty or obligation of a designated authority to disseminate relevant and up-to-date information to all levels of the services described above.

(c) Transcultural Considerations

There appears to be a unique opportunity in the North to investigate cultural and economic entities as they impinge upon mental health of the individual. Such work will be of international importance particularly to the developing countries and should be encouraged.

A P P E N D I X O N E

April 6	Leave Edmonton Arrive Anchorage, Alaska
April 8	Leave Anchorage Arrive Fairbanks, Alaska
April 9	Leave Fairbanks Arrive Whitehorse, Yukon Territory
April 12	Leave Whitehorse Arrive Mayo, Yukon Territory Visit to Keno Hill Mine, Elsa, Y.T.
April 13	Leave Mayo Arrive Dawson City
April 15	Leave Dawson City Arrive Inucik, Northwest Territories
April 17	Visit to Ft. McPherson and Aklavik
April 18	Visit to Tuktoyaktuk (overnight)
April 20	Leave Inuvik en route for Cambridge Bay Arrive Coppermine
April 22	Leave Coppermine Arrive Hay River
April 23	(Drs. Atcheson and Rodgers) Leave Hay River Arrive Yellowknife
April 25	(Dr. Hellon and Kehoe) Leave Hay River Arrive Yellowknife
April 27	Visit to Ft. Rae
April 28	Leave Yellowknife Arrive Fort Smith
April 29	Leave Fort Smith Arrive Edmonton

A P P E N D I X T W O

LIST OF MEETINGS

ANCHORAGE -

1. Meeting with Dr. Carl Koutsky, Director, Alaska Psychiatric Institute for description of agencies and means of providing service in Alaska. Description of Alaska Psychiatric Institute.
2. Attendance at Staff Conference with discussion of problems of mental retardation.
3. Demonstration of Group Activity in unit for mentally retarded.
4. Attendance at Case Orientated Staff Conference.
5. Conference with Department Heads.
6. Visit to McLaughlin Institute for young offenders.

FAIRBANKS -

1. Meeting with Mr. McComb, Psychologist, Mental Health Clinic and discussion of organization of services.
2. Joint meeting with heads of departments from Mental Health Clinic, Bureau of Indian Affairs.
3. Meeting with Public Health Nurses, United States Public Health Service.

WHITEHORSE-

1. Meeting with Dr. Lyall Black, Zone Director, and medical staff.
2. Visit to Indian Village and Mocassin Flats for review of housing situation.
3. Meeting with Yukon Social Service Society.
4. Meeting with Judge, Magistrates, RCMP, Probation Officer, Director of Education, Staff of Corrections Institute, Alcoholism Consultant for Yukon Territory.
5. Lunch meeting with medical staff.
6. Visit to Whitehorse Correctional Institute.
7. Meeting with Indian Band Council.
8. Public Meeting.
9. Attendance at Northern Resources Conference.
10. Meeting with Nursing Staff, Whitehorse Gen. Hospital.
11. Visit to School.

		12. Visit to Group Home.
		13. Meeting with Representatives of Territorial Council.
		14. Meeting with Mayor and Town Council.
		15. Visit to Skookum Jim Hall.
		16. Meeting with Private Practitioners, RCMP.
MAYO	-	1. Meeting with Dr. Clark, Mayo Hospital, RCMP
		2. Meeting with Dr. T. A. Johnston, Medical Officer; Mr. Berry, Mine Manager at Keno Hill Mine, Elsa.
DAWSON CITY	-	1. Meeting with Nurses, or Welfare Worker.
		2. Tour of town with attention to housing conditions.
		3. Public Meeting.
INUVIK	-	1. Tour of town.
		2. Discussion with Dr. Habgood, Zone Director
		3. Tour of hospital.
		4. Meeting with Heads of Civic Departments.
		5. Public meeting.
		6. Visit to High School.
		7. Meeting with teachers.
		8. Visit to Public School.
		9. Visit to Hostels.
		10. Visit to Receiving Home.
		11. Meeting with RCMP.
		12. Meeting with R.C. clergy.
FT. McPHERSON	-	1. Meeting with Administrator, Public Health Staff and RCMP.
		2. Meeting with native people.
		3. Visit to Native home.
		4. Visit to school.

AKLAVIK	- 1.	Meeting with Public Health Nurses, Administrator, RCMP and interested natives.
TUKTOYAKTUK	- 1.	Meeting with RCMP, Public Health Nurses.
	2.	Public meeting.
	3.	Meeting with Administrator.
	4.	Visit to dwellings.
	5.	Meeting with R.C. Priest.
COPPERMINE	- 1.	Meeting with Acting Administrator.
	2.	Meeting with Public Health Nurses.
	3.	Meeting with Public.
	4.	Meeting with School Principal.
HAY RIVER	- 1.	Meeting with Dr. E. Covert (Gneral Practitioner and Deputy Mayor).
	2.	Tour of town.
	3.	Tour of hospital.
	4.	Meeting with teachers.
	5.	Meeting with representative of Town Council.
	6.	Meeting with Hospital Administrator and nurses.
	7.	Meeting with Manpower Representative.
	8.	Meeting with clergy.
YELLOWKNIFE	- 1.	Meeting with Publi c Health Nurses and Dr. Powell.
	2.	Meeting with Deputy Commissioner.
	3.	Meeting with Mr. D. Searle, Territorial Councillor.
	4.	Visit to Abe Miller School For Retarded.
	5.	Visit to Hostel (Akaicho Hall)
	6.	Visit to Correctional Institute.
	7.	Meeting with Heads of Social Planning Dept.
	8.	Meeting with Medical Practitioners.
	9.	Meeting with member of C.Y.C. and teenage group.
	10.	Meeting with Judge Morrow.

YELLOWKNIFE	-	12.	Meeting with clergy.
		13.	Meeting with teachers.
		14.	Meeting with consultant in alcoholism.
		15.	Meeting with public.
		16.	Visit to Indian Village, meeting with Chief.
		17.	Meeting with Committee of Concern.
		18.	Discussion with C B C personnel and press.
		19.	Meeting with RCMP.
FORT RAE	-	1.	Meeting with hospital staff.
		2.	Meeting with public.
		3.	Discussion with clergy.
FORT SMITH	-	1.	Meeting with Director of Education and staff.
		2.	Meeting with Thebaca Association representatives.
		3.	Meeting with mayor and town council.
		4.	Meeting with Medical Practitioners.
		5.	Meeting with Inspector Nixon and staff, RCMP.
		6.	Visit to Juvenile Training Center.
		7.	Visit to Receiving Home.
		8.	Visit to hostel.
		9.	Meeting with hostel staff and clergy.
EDMONTON	-	1.	Meeting with Director of Mental Health Services, Alberta.
		2.	Visit to Alberta Hospital, Edmonton.
		3.	Visit to University Hospital, Edmonton

APPENDIX THREE

LIST OF BRIEFS

Briefs were received from;

1. Dr. W. R. Buchan, Whitehorse, Yukon Territory
2. Dr. J. V. Clark, M.D., C.M., Mayo, Yukon Territory
3. M. Hewitt, Esq., Public Health Nurse, Fort Smith, N.W.T.
4. Norman Larsen, Esq., Superintendent, Inuvik Juvenile Centre, Fort Smith, N.W.T.
5. Fred North, Esq., Principal, Sir Alexander MacKenzie School, Inuvik, N.W.T.
6. Dr. L. G. Powell, Yellowknife, N.W.T.
7. Rev. K. C. Snider, St. Paul's Church, Ft. Smith, N.W.T.
8. Dr. J. Wilbush, Fort Smith, N.W.T.
9. The Staff of Grandin College, Fort Smith, N.W.T.
10. The Medical Staff, Fort Smith Medical Clinic, Fort Smith, N.W.T.
11. The Thebaca Association, Fort Smith, N.W.T.
12. The Hay River Local of the N.W.T. Teachers' Association
13. Dr. J. Bobey, Director Child Guidance Unit, Edmonton.

APPENDIX FOUR

Draft of Proposed Legislation

NOT INCLUDED

APPENDIX FIVE

The following works were employed in the compilation of this report.

1. Yukon Social Service Society Brief to the Commissioner and Legislative Council of the Yukon Territory, January 1969.

2. A Report on Family Counselling Requirements in the Yukon. Prepared for the Yukon Social Service Society by Jackson N. Willis, B.A., B.S.W., M.S.W.

3. Annual Report, The MacKenzie District Vocation Education Dept. December 1968.

4. Settlement Types and Community Organizations in Northern Canada. J. Fried, in Journal of the Arctic Institute of N. America, June 1963, pp. 93-100.

5. Alaska's Plan to Combat Mental Retardation - prepared by Mildred L. Hayes, A.C.S.W., December 1965.

6. Report of Consultant Visit to Area Mental Health Unit Alaska Native Health Area Office, Division of Indian Health, by Eugene Brody, M.D., May, 1968.

7. Mental Health in the North by J.S. Willis, M.D., D.P.H., Medical Services Journal, September, 1960.